



# DEPARTMENT OF PUBLIC SOCIAL SERVICES

## WELFARE FRAUD PREVENTION & INVESTIGATIONS SECTION

Number:

04-22

Date:

08/16/2004

### Administrative Memorandum

**SUBJECT: CHANGES TO EDD WAGE, CLAIM & ADDRESS INFORMATION REQUEST PROCESS**

**REFERENCE: ALL COUNTY LETTER, DATED MARCH 16, 2004**

**CANCELS:** **FILE IN:** WFP&I Handbook, Section 10-106,D, page 20

### **SPECIAL ATTENTION:**

☒ SWFIs ☒ WFIs ☒ Unit Clerks

### **PURPOSE/BACKGROUND**

This Administrative Memorandum (AM) advises staff of changes to the Employment Development Department (EDD) wage, claim and address information request process.

In order to reduce the processing time, EDD has agreed to assume responsibility for mailing the DE 8720 directly to the county welfare department. To implement this process, each county was assigned a requestor code and was asked to designate a person to be the Single Point of Contact (SPOC) to receive the completed DE 8720. Los Angeles County requested and was assigned a separate requestor code and SPOC exclusively for the Welfare Fraud Prevention & Investigations (WFP&I) Section.

### **POLICY/ PROCEDURES**

EDD information must be requested using the DE8720, Rev. 7, (10-03) (Attachment I) for current wage information. The DE 8720A, Rev. 7 (10-03)(Attachment II) is to be used to request archived wage information. The requestor code for WFP&I is **E55059**. WFP&I staff must ensure that this code is used for all requests. Requests using the previous code will be returned to the sender.

A supply of both the DE 8720 and the DE 8720A are currently available in the stock room. In addition, both forms will be added to the servers shortly. Instructions for completing the forms are on the reverse side.

Hector Gomez, HSA I has been designated as the Single Point of Contact (SPOC) for WFP&I. Questions regarding non-receipt of the DE 8720 should be directed to Mr. Gomez at (310) 349-4504.

Please direct all questions regarding this memorandum to your immediate supervisor.

Luther Evans, Director  
Welfare Fraud Prevention & Investigations Section

LE:MH:mh

Attachments

c: Deputy Directors  
Chief Clerk



# REQUEST FOR ARCHIVED WAGE INFORMATION

<b>1. SEND REQUEST TO:</b>  STATE OF CALIFORNIA EMPLOYMENT DEVELOPMENT DEPARTMENT P.O. BOX 826880 SACRAMENTO, CA 94280-0001 ATTN: DOCUMENT MANAGEMENT GROUP, MIC 96		<b>2. NAME &amp; ADDRESS OF REQUESTING ORGANIZATION:</b>  	
<b>3a. PREPARED BY:</b>  	<b>3b. PREPARER'S TELEPHONE NUMBER:</b> (   )   -		<b>3c. DATE:</b> / /

4a. 

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 CUSTOMER CODE

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## INSTRUCTIONS

### GENERAL INFORMATION

You may duplicate this form, or order additional copies by writing to:

EDD SUPPLY AND FORMS WAREHOUSE  
1733W Sports Drive, Suite A, MIC 72  
Sacramento, CA 95834

EDD employees may obtain a fill-in electronic copy of this form on DOCUSHARE.

The DE 8720A is a key entry document used to request information from the Employment Development Department (EDD). Please abide by the following when preparing your requests:

Please complete the form carefully, completely, and legibly.

Complete Items 2 through 4a in order for EDD to track your request. One or more of Items 5, 6, and/or 7 must be completed according to the instructions below.

### INSTRUCTIONS FOR COMPLETING "REQUEST FOR ARCHIVED WAGE INFORMATION" (FORM DE 8720A) BY ITEM NUMBER:

1. **SEND REQUEST TO:** This preprinted item requires no customer action.
2. **NAME & ADDRESS OF REQUESTING ORGANIZATION:** Enter the complete name of your organization, followed by the street address (or P.O. Box), city, state, and ZIP code.
- 3a. **PREPARED BY:** Print your name.
- 3b. **PREPARER'S TELEPHONE NUMBER:** Enter your telephone number.
- 3c. **DATE:** Enter the date you prepare this request.
- 4a. **CUSTOMER CODE:** This item contains the six character code that was contractually assigned to your organization by EDD. This code is used by EDD to track and distribute requested products.
- 4b. **PREPARER CODE:** This item is optional and for your internal use. The four boxes may contain any combination of numeric and/or alphabetic characters to assist in distributing products throughout your organization (back to the "PREPARER").
5. **WAGE QUARTER REQUESTS:** Current and/or archived earned wage data may be requested by entering a FROM / TO calendar date range, each of which consists the full year, two digits for century (CC), followed by two digits for the year (YY), followed by the quarter (Q). Valid quarter indicators are:

"1" = JAN/FEB/MAR

"3" = JUL/AUG/SEPT

"2" = APR/MAY/JUN

"4" = OCT/NOV/DEC

Example:

C	C	Y	Y	Q
1	9	9	8	3

For information in the third quarter (JUL/AUG/SEPT) of 1998

- 5a. **FROM CCYYQ:** Enter the starting century, year and quarter, for which earned wage data is being requested.
- TO CCYYQ:** Enter the ending century, year and quarter, for which earned wage data is being requested.  
When only one quarter of wage data is needed, the TO CCYYQ should be the same as the FROM CCYYQ.
- 5b. **SSA NUMBERS:** Enter the SSA numbers of those individuals for which wage data is being requested.
6. **WAGE QUARTER REQUESTS:** Completion rules for Items 6a and 6b are the same as for Items 5a and 5b. 6a and 6b allows the PREPARER to request earned wage data for different quarters, for the same/different SSA numbers than those entered in Items 5a and 5b.
7. **WAGE QUARTER REQUESTS:** Completion rules for Items 7a and 7b are the same as for Items 5a and 5b. 7a and 7b allows the PREPARER to request earned wage data for different quarters, for the same/different SSA numbers than those entered in Items 5a, 5b, 6a, and 6b.



# REQUEST FOR WAGE AND CLAIM INFORMATION

<b>1. SEND REQUEST TO:</b>  STATE OF CALIFORNIA EMPLOYMENT DEVELOPMENT DEPARTMENT P.O. BOX 826880 SACRAMENTO, CA 94280-0001 ATTN: DOCUMENT MANAGEMENT GROUP, MIC 96		<b>2. NAME &amp; ADDRESS OF REQUESTING ORGANIZATION:</b>  	
<b>3a. PREPARED BY:</b>  	<b>3b. PREPARER'S TELEPHONE NUMBER:</b>  (   )   -	<b>3c. DATE:</b>  /   /	

4a. E55059 CUSTOMER CODE

4b. 

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 PREPARER CODE

## 5. REQUESTED PRODUCTS

For each requested product place an **X** in its corresponding box.

## 6. S S A N U M B E R S

## SSA NUMBERS

- 5a. ☐ WAGE & CLAIM INFO  
(DE 507)
- 5b. ☐ EMPLOYER ADDRESS  
(DE 4989)
- 5c. ☐ CLIENT ADDRESS
- 5d. ☐ DI CLAIM HISTORY  
(Up to 2 years old)
- 5e. ☐ DI CLAIM HISTORY  
(2 to 4 years old)
- 5f. ☐ DI CLAIM HISTORY  
(Over 4 years old)
- 5g. ☐ UI CLAIM HISTORY  
(Up to 2 years old)
- 5h. ☐ UI CLAIM HISTORY  
(2 to 4 years old)
- 5i. ☐ UI CLAIM HISTORY  
(Over 4 years old)

A handwriting practice sheet with four columns of boxes. The first column has 20 boxes, each divided into three vertical sections. The second column has 20 boxes, each divided into two vertical sections. The third column has 20 boxes, each divided into four vertical sections. The fourth column has 20 boxes, each divided into three vertical sections. The boxes are arranged in four rows of five boxes each.

## INSTRUCTIONS

## GENERAL INFORMATION

You may duplicate this form, or order additional copies by writing to:

EDD SUPPLY AND FORMS WAREHOUSE  
1733W Sports Drive, Suite A, MIC 72  
Sacramento, CA 95834

EDD employees may obtain a fill-in electronic copy of this form on DOCUSHARE.

The DE 8720 is a key entry document used to request information from the Employment Development Department (EDD). Please abide by the following when preparing your requests:

Please complete the form carefully, completely, and legibly.

Complete items 2 through 4a. in order for EDD to track your request. Items 5 and 6 must be completed according to the instructions below.

### INSTRUCTIONS FOR COMPLETING "REQUEST FOR WAGE AND CLAIM INFORMATION" (FORM DE 8720) BY ITEM NUMBER:

1. **SEND REQUEST TO:** This preprinted item requires no customer action.
2. **NAME & ADDRESS OF REQUESTING ORGANIZATION:** Enter the complete name of your organization, followed by the street address (or P.O. Box), city, state, and ZIP code.
- 3a. **PREPARED BY:** Print your name.
- 3b. **PREPARER'S TELEPHONE NUMBER:** Enter your telephone number.
- 3c. **DATE:** Enter the date you are preparing this request.
- 4a. **CUSTOMER CODE:** This item contains the six character code that was contractually assigned to your organization by EDD. This code is used by EDD to track and distribute requested products.
- 4b. **PREPARER CODE:** This item is optional and for your internal use. The four boxes may contain any combination of numeric and/or alphabetic characters to assist in distributing products throughout your organization (back to the "PREPARER").
5. **REQUESTED PRODUCTS:** (Items 5a. thru 5i.):
  - One or more products may be selected by entering an ☒ in the box next to the associated product.
  - At least one product must be requested.
  - If a product is not wanted, leave its associated box blank.
  - All requested products will be produced, for all corresponding Social Security Account (SSA) numbers entered in item 6:
    - When the customer has contracted to receive the requested product.
    - If the requested product is available.
6. **SSA NUMBERS:** Enter one or more SSA numbers. For each SSA number entered, all available and authorized products will be produced.